ACCOUNTING VOUCHER								CONTR	RACT NUI	MBER DATE OF REQUEST						APPROVAL					
AGENCY NAME/DELIVERY ADDRESS										DATE F	DATE RECEIVED			BID REF./REQUISITION NO.					TERMS P.O.		
Department of Housing & Community Development Office of Community Revitalization and Development 501 North Second Street										CUSTO	CUSTOMER ACCOUNT NO.										
Richmond, Virginia 23219											VENDOR INVOICE NO.							OR P.O. NO PAID			
MUST BE DELIVERED BY INSIDE DELIVERY YES (IF CHECKED)																					
Name:																					
Address:																					
City:																					
State:		Zip			_					VOUCH	IER NUM	NUMBER AND DATE TOTAL AMOUNT PAID									
FIN ID:																					
	E BE SUR E TO ADD			JDE ZIP C	ODE IN	ALL AI	DDRESSE	S													
	COANT											_						1.5	O NILINA	DED	
										GRANTEE NAME							P.	P.O. NUMBER			
											INTRA-AGENCY CONTACT Roy Hossler								TELEPHONE (804) 371-7030		
	DESCRIPTION											ACTIVITY							AMOUNT		
				VEI	PAYM	IENT	REQUE	EST				ADN	MINIST	RATIO	ON:			\$			
Reques	Request #										TRAINING:						\$				
Contra	Contract #										TECHNICAL ASSISTANCE:						\$				
Project	Name											LOANS:						\$			
	Project Name											FOLLOW-UP ASSISTANCE:						\$	\$		
-	Payment covers expenditures through I certify this request is in accordance with terms and conditions of the referenced											OTHER:						_ \$	\$		
				correct ar						renced		OTHER:						_ \$	\$		
												OTHER:						_ \$	\$		
	Authorized Signature (blue ink only)										OTHER:					_ \$	\$				
	Date Submitted																				
	Paum	nent	Annro																		
	Payment Approved Office of Community Revitalization and Developme									velopmen	t	TOTAL AMOUNT									
										ement with tounts taken			or servi								
TRANS	AGENC	Y	GLA	FUN		FFY	PROG	PROGRAM	M ELE	OBJECT	REVEN			INTL	al Amoun	Т		DDO	PROJ JECT		PH
334	165			FUND 01	DET 00		533	SUB 01	00	1452	SOURI	-						507		TK	ГΠ

INVOICE

NUMBER

DATE

DUE DATE
MM DD

REFERENCE DOC NUMBER SX

COST

230

FIPS

PSO

AGENCY REFERENCE

DESCRIPTION	CURRENT D	OCUI	MENT	SUBSIDIARY ACCOUNT	MULTI- PURPOSE	1099	CHECK IF		
	NUMBER		SX				CONTINUATION		
VEI REQUEST #							SHEET ATTACHED		
						1			